

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39104

1. Entity Name

ROTONICS MANUFACTURING INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90174 012 \*\*\*150.00

Principal Place of Business

17022 S. FIGUEROA STREET  
GARDENA CA 90248

Mailing Address

17022 S. FIGUEROA STREET  
GARDENA CA 90248-3019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2467474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCKINNISS, SHERMAN	
STREET ADDRESS	17022 S FIGUEROA STREET	
CITY-ST-ZIP	GARDENA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEDONATO, LARRY M.	
STREET ADDRESS	1429 MAIN STEET	
CITY-ST-ZIP	DELANO CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TONKOVICH, E PAUL	
STREET ADDRESS	1851 EAST FIRST ST #800	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLITE, DAVID C.	
STREET ADDRESS	11511 NW CUMMINS ROAD	
CITY-ST-ZIP	CARLTON OR	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RUSSELL, DOUGLAS W	
STREET ADDRESS	17022 S. FIGUEROA STREET	
CITY-ST-ZIP	GARDENA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, JAMES E	
STREET ADDRESS	1501 PEMBERTON DRIVE	
CITY-ST-ZIP	COLUMBUS OH 43221	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY L. SNYDER	
STREET ADDRESS	2936 N. 33RD STREET	
CITY-ST-ZIP	LINCOLN, NE 68504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC BERMAN	
STREET ADDRESS	1095 MARKET STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherman W. McKiniss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(310)538-4932

Daytime Phone #